

# **INDIANA COMMUNITY BASED CHILD ABUSE PREVENTION**

Notice of Grant Availability  
For  
November 1, 2004 through September 30, 2006

Issued by the Department of Child Services for the Indiana Community Based Child  
Abuse Program Network

## INTRODUCTION

The Indiana Community Based Child Abuse Program Grant Fund was established through the Title II of the Child Abuse Prevention and Treatment Act as Amended (Pub. L. 104-235), signed into law on October 3, 1996, established a new Title II of the Child Abuse Prevention and Treatment Act (CAPTA) entitled Community-Based Child Abuse Program Grants. Section 201 of CAPTA authorizes the award of funds to assist States for the purpose of (1) fostering understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect in the area of safe sleep. For the purpose of this grant, the State is seeking applicants that will reduce the number of child fatalities in the State of Indiana by educating caregivers regarding co-sleeping, position affixations and infant sleeping positions. This funding is available to any grantee whose proposal is judged to be competitive and meets other statutory requirements (registered with the secretary of state to do business in Indiana, for example). The Indiana Community Based Child Abuse Program (hereinafter "CBCAP") along with Department of Child Services (hereinafter "DCS") has adopted the procedures outlined in this document for advertising, the availability of grants, evaluation of grant proposals, and making decisions on the awarding of grant funds. The State of Indiana's Department of Child Services contracts with grant awardees based on the guidelines identified within this proposal.

## MISSION

To support community-based efforts to develop, operate, expand, enhance, and where appropriate to network, initiatives aimed at the prevention of child abuse and neglect, and to support networks and coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and 2). To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

## GOALS

DCS and CBCAP have adopted the following goals as a means of fulfilling the overall mission of CBCAP:

1. To prevent child abuse and neglect through safe sleep education.

## AVAILABILITY OF FUNDS

Funding awards are available for this specific solicitation for the period November 1, 2004 through September 30, 2006 only. **This is a one time award and subsequent funding is not guaranteed.** Grant awards for subsequent years are contingent upon the agency's compliance with the program and the timeliness of reports as well as attendance in the network.

DCS and the Indiana Community Based Child Abuse Program will not accept obligation for costs incurred by applicants in anticipation of being awarded a contract.

## DISTRIBUTION OF FUNDS

Programs which are funded by CBCAP will receive the award based upon the following allotment schedule:

- Monthly claim forms will be sent out once you have a fully executed contract. An agency may begin billing and be reimbursed for expenses incurred as of October 1, based on the acceptance of the monthly report by the program consultant.

- Monthly reports are a contract requirement. Failure to comply with the reporting requirements will result in contract payments being withheld until compliance is met. DCS and the Community-Based Child Abuse Program reserves the discretion to determine whether performance milestones and reporting requirements have been met.

## EVALUATION OF PROPOSALS

DCS intends to commence contracts which: (a.) operate programs to prevent child abuse and neglect; (b.) inform, educate, and train about child abuse and neglect; or (c.) promote public awareness of child abuse and neglect and how it can be prevented; (d) assist homeless families and homelessness prevention. DCS and the CBCAP Board will fund initial grants for community-based programs of local, regional or statewide scope. CBCAP Fund resources will not be utilized to replace existing financial support for proposed programs. DCS and the CBCAP Board will **not** fund programs that are more than 30% subcontracted. It is the Policy of DCS and CBCAP that no grant application may be funded unless the following minimum requirements are met: (1) the application receives an average of 75 points (out of 100) in the assessment process; (2) the applicant's program services safe sleep education in the areas of positional affixation and co-sleeping. Although your program may receive a score of 75 or higher, this does not guarantee funding. Grantees are encouraged to supplement funds through a broader local funding base. Local contributions may include both monetary and in-kind contributions. In-kind contributions may include, but are not limited to, the provision of a facility or space, volunteer personnel, transportation, supplies or equipment.

The minimum grant request from the CBCAP is \$5, 000 per year. No proposals for a lesser amount will be accepted.

Each proposal will be read and scored by three readers. The score will be averaged and the three readers will form a panel that will discuss the strengths and weaknesses of each proposal. The Panel will then make a final funding decision based on application scores and recommendations by the panel.

## GENERAL INSTRUCTIONS

- 1) Completed applications for grants from DCS for the period November 1, 2004 through September 30, 2006 will be accepted by DCS until September 24, 2004 (Postmarked applications only.). Please note that it can take up to a week or more for mail to be delivered through the internal mail system, please adjust mailing time accordingly. Materials received after the deadline or apart from the application are ineligible for funding and will not be considered. This issue is **not** appealable and failure to meet the submission deadline is considered as unresponsive and non-negotiable. All complete applications will be reviewed and decisions on funding made by the DCS. For acknowledgment that the proposal has been received, include a self-addressed stamped postcard that can be mailed to the applicant when the proposal is received. There will be no appeals in regards to this special funding.

- 2) Mail all applications to:

**MS08**  
**ATTN: Jill Larimore**  
**Bureau of Family Protection/Preservation**  
**402 W. WASHINGTON ST., W364**  
**INDIANAPOLIS, IN 46204**

- 3) Proposals must be consistent with the DCS and the CBCAP'S Mission and Goals and comply with requirements contained in this Notice of Grant Availability. It is strongly recommended that this Notice be reviewed as each section of the application is developed to assure compliance.

Submit the following:

- One original and 2 copies of the complete application, each in separate manila letter-size folders, not envelopes, with tab top.
- Type only your organization's legal name on the tab of each folder. Do not bind or staple.
- Do not place applications in pocket folders or decorate the outside of the folders.
- All three folders must be rubber-banded together prior to mailing.
- All folders must be easily accessible to the program consultant.
- The application must be typed (use 12 point or larger font). Pages should be single-spaced and one sided with 1" margins.

- 1) **Certain sections of the narrative have page limits**, which are not to be exceeded.
- 2) **The application must follow the format and order presented herein. The forms provided with this notice must be utilized in completing the application, but may be re-produced on your computer.**
- 3) **The applications will not be reviewed if all sections are not submitted.**

**Handwritten applications will not be accepted.**

**APPLICATION INSTRUCTIONS** (see mandatory forms attached) Point values for each section are indicated in parentheses)

1) **COVER SHEET (2 points)**

This is the first page of your proposal. All items on the page must be completed and the **legal name** of the agency provided. For contracting purposes, applicants must include a copy of 501(c) federal approval or articles of incorporation. The contact name (this should be the person that the Program Consultant will be working with) and address provided on this page will be used for all future mailings including contract information. If your agency is receiving additional funding for this program, it must be listed.

2) **PROPOSAL ABSTRACT: One (1) page only (12 points)**

This is a one-page summary that is to provide the reviewer with a clear, concise overview of the proposal. By reading the Abstract alone, the reviewer should understand what you plan to do, why you want to do it, and how you will work to continuously improve it, through your evaluation plan. The Abstract must be limited to one (1) page. Each section of the Abstract must be completed and clearly identify how the proposal will prevent abuse and neglect.

Background/ Documentation of Need: This section should provide data that supports the need in the applicant's proposed service area for the proposed primary or secondary prevention program.

Target Population:

This section should answer the following questions:

Who will be served by the program? (Include data about age, socioeconomic status, and other factors that characterize the population to be served.)

Where is this population located geographically?

How will the population be identified or recruited into the program?

Methods/ Action Plan:	This section should clearly and concisely state the specific components of the program that will be undertaken to prevent child abuse and neglect.
Outcomes:	This section should clearly and concisely state the outcome objectives that the applicant seeks to achieve through the program. The outcomes should be Performance based (e.g. related to how the agency is able to describe how they got the client (of the target population chosen to serve) to increase their knowledge, behavior, or attitudes, that will in effect help prevent child abuse and neglect). These outcomes must also be measurable and realistic in regards to the funding cycle.
Evaluations:	This section should clearly state how the applicant will use evaluation tools to understand the effectiveness of the program. There must be an evaluation step that clearly relates to each desired outcome of the program. The applicant must also show that the evaluation will be used to modify the program as needed and to continuously improve the program.

3) AGENCY ORGANIZATION HISTORY & QUALIFICATIONS [one (1) page only] **(2 points)**

- attach or include a complete list of board members (if any);
- include a statement of purpose (mission statement) and demonstrate how the organization's missions and goals relate to the Board's Mission and Goals and the prevention of abuse and neglect;
- include a brief history (why, when, where, and how) of the lead organization submitting the application; and
- include a discussion of the administrative structure within which the program will function. (include organization chart if helpful)

Agencies applying for this funding must be not-for-profit.

4) STATEMENT OF NEED [two (2) pages only] **(14 points)**

This section represents the detailed reasons behind your proposal and consists of two sections - a data section and a brief narrative section. The purpose of the Statement of Need is to describe the specific problems or needs regarding child abuse and neglect in the community being targeted by the applicant. This must be supported by relevant information and documentation on physical, economic, social, education, financial or institutional problems related to child abuse and neglect, including expert opinions, statistics, surveys or interviews of community service leaders or consumers and case studies. This evidence must show that the problems or needs exist in your community.

Data Section

This consists of a required *core statistical data* sheet that must be completed. The core data are specific information elements that describe the target community and ensure a basic understanding of the problem to be addressed. County-specific socio-demographic and child abuse data is to be provided.

The applicant is to provide additional *supplemental statistical data* from other sources that further describe the target population and problem to be addressed during the grant period.

#### Narrative Section

The applicant is to summarize the data in *written format* that demonstrates understanding of the problem and need for services. It also should be reasonable in scope - the problem(s) are to be something that the applicant can do something about. It must be clearly indicated who the target population is, where they are located, what (if any) their risk factors for abuse/neglect or homelessness is, and how they will be identified or recruited for the program.

### 5) PROGRAM OVERVIEW(S) (**one (1) page per outcome**) (**40 points**)

#### Outcome(s)

This section is to describe the outcome(s) the applicant wants to accomplish. Applicants must ensure that the outcome(s) coincide(s) with or relate(s) to the mission and goals of CBCAP. Proposed outcomes are to clearly:

- relate to the problem or need;
- be measurable and something that can be achieved during fiscal funding period;
- specify who will be targeted through the outcomes;
- be identified with defined timelines; and
- be performance -based.

#### Activities/Objectives:

Describe the action steps or activities to be undertaken to achieve each proposed outcome, ensuring that the actions are:

- Logically related to problems and objectives;
- Easily understood; and
- Presented in a logical step-by-step fashion.
- Include mandatory information for each activity.
- Display how your agency/staff will get the clients to the completed outcome (what service did your agency provide, how many hours did your staff put into the services towards the outcome chosen and the progress your agency has made to get to the completed outcome).

### 6) STAFFING PLAN (**5 points**)

The applicant must describe their current and proposed staffing plan. Justification for each proposed staff member is to be provided.

Describe the relevant education, training, and work experience of each staff that will be developing, implementing and evaluating the program to be funded. Include job descriptions, not resumes, for program director and all new staff positions that will be created to develop, implement, or evaluate the program to be funded.

Staffing plans for Healthy Families Indiana applicants are to reflect the recommended ratios of staff to clients.

### 7) BUDGET

### **BUDGET DETAIL: (8 points)**

The attached Budget Detail Sheet must contain information about the expenses and income sources for each designated category breakdown of the applicant's proposed program.

There is to be a clear indication of the percent of the budget to be provided through the DCS and CBCAP, and the percent from other sources.

*Section I, "Expenses", contains three columns.*

- Column one (1), "CBCAP Request", is to include the total amount of money being requested from the CBCAP
- Column two (2), "Other Funding", is to include the total amount of money or in-kind services received or to be received from other sources for applicant's proposed program. The "Other Funding" should relate specifically to the program/project you are requesting CBCAP to support and not include your organization's total budget.
- Column three (3) is a total of Columns 1 and 2.

*Section II, "Income Sources,"*

This section requires information on all sources of applicant's total income, including CBCAP. Expenses for the program must equal income for the program. Amounts are to reflect actual or estimated costs.

Applicants are required to use the Budget Detail Sheet as provided. You may reduce the format on your computer.

#### **Expenses-Section I on Budget Detail Sheet**

1. **Salaries & Wages:** the amount needed to pay for the salaries of staff people working on the proposed program (include dollar amount requested from CBCAP and all other sources). Include all paid and in-kind staff positions. Salaries for in-kind staff positions should reflect the costs of salaries for like positions in the community. List each separately with details of expense of salary x % of time working on program x grant period. Example: EXECUTIVE DIRECTOR @ \$1,000/month x 15% time x 12 mos. = \$1,800.00.  
**THESE ITEMS MUST BE SUPPORTED BY A STATEMENT IN THE BUDGET JUSTIFICATION SHEET DESCRIBING THE NEED FOR AND BENEFIT TO PROPOSED PROGRAM.**
2. **Fringe Benefits:** the aggregate amount needed to pay for fringe benefits for staff people working on the proposed program. Include: FICA, workers' compensation insurance, health & life insurance, retirement programs, reimbursements, etc.
3. **Consultant & Contractual Services** (A and B are to be entered as one expense total-but separate explanations and justifications given for both):
  - A. Consultant: The amount needed to pay for paid and in-kind consultants working on the proposed program (trainers, evaluators, etc.). The amount for in-kind consultant services must be calculated at the normal rate for like services in the community. List each consultant position separately with details of expense. Identify the consultants by name. Example: Evaluation Consultant (Dr. Fastresults, University Evaluation Center) 10/hrs/mo x \$50/hr x 12 mos. = \$6,000.00. **THESE ITEMS MUST BE SUPPORTED BY A STATEMENT IN THE BUDGET JUSTIFICATION SHEET DESCRIBING THE NEED FOR AND BENEFIT TO PROPOSED PROGRAM.**
  - B. Contractual: The amount needed to pay for subcontracts to be executed for the proposed program. The amount for in-kind contractual services must be calculated at the normal rate

for like services in the community. List each subcontract to be executed separately with details of the expense and an explanation of the program duties, which will be fulfilled through subcontracts. THESE ITEMS MUST BE SUPPORTED BY A STATEMENT IN THE BUDGET JUSTIFICATION SHEET DESCRIBING THE NEED FOR AND BENEFIT TO PROPOSED PROGRAM. FAILURE TO IDENTIFY ALL SUBCONTRACTORS TO BE EXECUTED TO CARRY OUT PROGRAM DUTIES MAY RESULT IN DENIAL OF THAT EXPENSE. No more than 30% of your total budget may be subcontracted.

4. **Space Costs:** The amount needed to pay for space used to work on the proposed program. Include paid and in-kind costs for: office, rent, space used outside your office, utilities, maintenance, etc. List each item separately with details of expense. Example: Office rent 1,200 sq. Ft. @ \$6.00/ft x 1 year = \$7,200.00. Funds may not be used for capital expenditures.
5. **Consumable Supplies:** The amount needed to pay for consumable supplies to support the proposed program. Includes: stationery, pens, pencils, paper clips, paper supplies, etc. Copying supplies, program-related consumables and regular postage should also be included in this item. List each group of items separately with details of expense. Example: Desk-top supplies for 6.5 staff @ \$125.00/each/yr = \$812.00.
6. **Travel:** The amount needed to pay for anticipated travel costs directly related to the proposed program, calculated at the state rate of \$0.28 per mile. Be specific for each personnel or consultant position. List each item separately with details of expense. Example: Local mileage - Program Director 100 mi/mo @ \$.28/mi x 12 mos = \$336.00. THESE ITEMS MUST BE SUPPORTED BY A STATEMENT IN THE BUDGET JUSTIFICATION SHEET DESCRIBING THE NEED FOR AND BENEFIT TO PROPOSED PROGRAM.

(Travel costs for program/service-related training (i.e. conferences or workshops) outside the community (state or national) are to be included under paragraph nine (9) below.)

7. **Telephone:** The amount needed to pay for installation, basic fees and long distance costs to support the proposed program. List each item separately with details of expense. Example: Installation @ \$26.00 = \$26.00 or Basic monthly fee @ \$100/mo x 12 mos = \$1,200.00.
8. **Non-Consumable Supplies:** the amount needed to pay for the rental, lease or purchase of equipment to support the program. List each item separately with details of expense. Example: (1) Secretarial Desk @ \$150.00 = \$150.00 or (3) Spendthrift typewriters @ \$30/mo leased x 12 mos = \$1,080.00. The purchase of equipment is limited to a one-time expenditure of \$2,000 for a computer and printer. THESE ITEMS MUST BE SUPPORTED BY A STATEMENT IN THE BUDGET JUSTIFICATION SHEET DESCRIBING THE NEED FOR AND BENEFIT TO PROPOSED PROGRAM.
9. **Program-Related Expenses:** The amount needed to pay for program-related costs to support the proposed program. Includes: materials, software, meeting space outside the office, meeting supplies, conference/workshop fees, perdiem/travel expenses, brochures, special postage, etc. List each item separately with details of expense. Example: Workshop meeting space @ \$50/meeting x 1/mo x 12/ mos = \$600.00 or 600 Program brochures @ \$.25/copy = \$150.00. DO NOT DUPLICATE EXPENSES PREVIOUSLY LISTED. THE TITLE AND LOCATION OF CONFERENCES OR WORKSHOPS MUST BE IDENTIFIED. THESE ITEMS MUST BE SUPPORTED BY A STATEMENT IN THE BUDGET JUSTIFICATION SHEET DESCRIBING THE NEED FOR AND BENEFIT TO PROPOSED PROGRAM. Additional monies will not be given for conferences or workshops. This should be included in the overall request of your agencies application
10. **Other Costs:** The amount needed to pay for other costs to support the proposed program. Includes: CPA audit expenses, resource materials, and all other items, which do not fit naturally into another category. List



each item separately with details of expense. Example: CPA audit @ \$500 = \$500.00. DO NOT DUPLICATE EXPENSES PREVIOUSLY LISTED.

### **Income Sources - Section II on Budget Detail Form**

Indicate the total amount, by source, of committed or estimated income. List all miscellaneous sources separately in the space provided. Total income must equal the total grant budget.

### **BUDGET JUSTIFICATION: Not to exceed 3 (three) pages ( 8 points)**

Provide detailed information in narrative form supporting budgeted money on the Budget Detail Sheet. Line items must be supported by a statement in the Budget Justification Sheet describing the need for and benefit to the proposed program. Be specific. Example:

“The Executive Director will require at least 4 hours per week during the 12 month grant period for the following tasks:

- coordinate the program, assuring that quality standards and timeliness are upheld, and assuming primary responsibility for assuring that the program is carried out as planned and that the overall outcomes will be met.
- staff the planning committee and subcommittees.”

### **SELECTED UNALLOWABLE EXPENSES**

Unallowable expenses include, but are not be limited to, the following:

1. Bad Debts: Bad debt expense is not an allowable expense.
2. Capital Expenditures: The cost of any capital purchase of \$500 or more is not allowed as expense except through yearly depreciation.
3. Contingency or Reserve Funds: Funds that are reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.
4. Contributions: Contributions or donations made by applicant to other agencies are not allowable expenses.
5. Depreciation on Assets Purchased with Federal or State Funds: Depreciation on buildings or equipment furnished by the federal government, purchased through federal grants, or by state monies are not an allowable expense.
6. Expenses Offset by other Revenue: Expenses already reimbursed through other state or federal programs are not allowable expenses.
7. Fines and penalties: Fines and penalties are not allowable expenses for purchased services.
8. Fund Raising Costs: Costs incurred for fund raising should be off-set by fund raising revenue and are not allowable expenses.

9. In-Kind Expenses: In-kind expenses recorded to recognize the value of donated goods and services are not allowable as service or grant expenses.
10. Legal Expenses: Legal expenses are not allowable expenses.
11. Lobbying Expenses: Cost incurred in attempting to influence the federal or state executive or legislative branches of government, including lobbyist and related expenses, are not allowable expenses.
12. Interest Expenses: Interest expense is not an allowable expense.
13. Contract Supplies: Supplies used in the production of goods to be sold should be off-set by program income and are not allowable expenses.
14. Moving Costs: The applicant's costs of moving are not allowable expenses.
15. Organization Costs: The applicant's cost of organizing and reorganizing as a legal entity are not allowable expenses.
16. Taxes: Taxes for which the applicant could be exempted are not allowable expenses, and taxes and related penalties from prior years are not allowable expenses.

**(THOSE APPLICANTS, WHO HAVE RECEIVED Community Based Child Abuse monies in the past, must submit a listing of all equipment purchased with CBCAP dollars and the cost of that equipment).**

**9. ENDORSEMENT LETTER(S) / MEMORANDA OF UNDERSTANDING (3 points)**

A maximum of three (3) letters of endorsement **must** be submitted with a grant application. Memoranda of Understanding with **all** collaborating entities are mandatory and **must** also be submitted with the grant application.

**10. ASSURANCES/ CERTIFICATION SIGNATURE PAGE (2 point)**

**Please see attached required forms. Agency must have this page complete with signature.**

**REPORTING AND RECORD REQUIREMENTS**

- 1) Grantees must maintain appropriate records documenting services provided, i.e., attendance must be taken at sessions, proof of publications must be retained; materials developed through research findings must be retained, etc.
- 2) Grantees must submit program reports to the Program Consultant on a monthly basis. Grantees will not receive payments without the monthly report. Consideration for any future funding will be based in part upon timely submission and quality of completion of the reports. If a report is not received by the due date, the funds for the next claim following the due date will be withheld until the required report is submitted and reviewed for compliance with this Grant Notice and the contract. The reports must indicate where each grantee stands in relation to the program proposal, i.e., what type of program your agency provides, how many new/continuing clients are being served; the type of clients served (families, groups, children, individuals, race, ethnicity, culture); the progress that your agency has made with the client towards the objectives in the proposal; the hours your agency has served towards the objectives and the race and

ethnicity of the clients served throughout the funded program. Grantees are to include pertinent program narrative information regarding program progress or problems encountered.

#### **AUDIT REQUIREMENTS**

Each successful applicant may be required to submit to the results of an independent audit to the DCS and the CBCAP Board.

#### **COMMUNICATIONS AND QUESTIONS**

The State of Indiana Department of Child Services contracts with grant awardees based on decisions of State. All questions regarding this notice and proposal submission are to be directed to:

**Jill Larimore, Program Consultant**  
**Department of Child Services**  
**402 W. Washington St., W364**  
**Indianapolis, IN 46204**  
**(317) 232-3477**  
**Fax: (317) 232-4436**  
**email: [Slarimore@fssa.state.in.us](mailto:Slarimore@fssa.state.in.us)**

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM**  
**(1) COVER SHEET**

LEGAL AGENCY/ORGANIZATION NAME: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

FEDERAL ID NUMBER: \_\_\_\_\_

COUNTY SERVED: \_\_\_\_\_

PROGRAM DESCRIPTION: (One sentence) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ESTIMATED # OF FAMILIES/CHILDREN TO PARTICIPATE IN THE PROGRAM:

\_\_\_\_\_

PROGRAM TYPE:	_____	Primary prevention
	_____	Secondary prevention

BUDGET:      TOTAL PROGRAM BUDGET      \_\_\_\_\_

TOTAL CBCAP REQUEST      \_\_\_\_\_

CBCAP REQUEST IS \_\_\_\_\_% OF TOTAL BUDGET

OTHER FUNDING RECEIVED FOR THIS PROGRAM AND AMOUNT: (if applicable)

**INDIANA COMMUNITY-BASED PROGRAM  
(2) PROPOSAL ABSTRACT**

One (1) page only

AGENCY OR ORGANIZATION: \_\_\_\_\_

COUNTY SERVED: \_\_\_\_\_

BACKGROUND/ DOCUMENTATION OF NEED:

TARGET POPULATION (WHO, WHERE, HOW IDENTIFIED/RECRUITED):

METHODS/ ACTION PLAN:

OUTCOMES:

EVALUATION:

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM  
AGENCY/ ORGANIZATION HISTORY & QUALIFICATIONS**

One (1) page only

BOARD MEMBERS (may attach list):

STATEMENT OF ORGANIZATION PURPOSE:

DESCRIBE THE HISTORY OF YOUR AGENCY / ORGANIZATION (including how it began and why):

DESCRIBE THE ADMINISTRATIVE STRUCTURE UNDER WHICH THE PROGRAM WILL FUNDED.  
(Include a description of the qualifications and capacity of your agency/ organization to provide the proposed  
program.):

DOCUMENT NOT-FOR-PROFIT STATUS:

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM**  
**(4) STATEMENT OF NEED**  
**DATA SECTION**

Two (2) pages only, page 1 of 2

CORE DATA: Provide the following required information for each county in the proposed service area.

COUNTY NAME(S): \_\_\_\_\_

TOTAL COUNTY POPULATION: \_\_\_\_\_

SUPPLEMENTAL:

## **COMMUNITY-BASED CHILD ABUSE PROGRAM**

Two (2) pages only, page 2 of 2

NARRATIVE SECTION: Provide a detailed written statement which clearly and concisely states and provides verification of the problem or need for your program.



**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM  
(5) PROGRAM OVERVIEW**

See Instructions

\*Reproduce as Needed  
One (1) Page Per Outcome

OUTCOME

ACTIVITIES/OBJECTIVES:

EVALUATION:

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM**

**6) STAFFING PLAN**

See Instructions

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM  
(8) BUDGET**

BUDGET DETAIL

- The budget should be for the **proposed program only**, do **not** give the total agency budget.

<b>Section I. Expenses</b>	<b>CBCAP REQUEST</b>	<b>OTHER FUNDING</b>	<b>PROGRAM BUDGET ONLY</b>
1. <b>Salaries and Wages</b> (Staff position and salaries x hours x grant period)	\$	\$	\$
2. <b>Fringe Benefits</b> (aggregate amount)	\$	\$	\$
3. <b>Consultant &amp; Contractual Services</b> (Fees x hours x grant period)	\$	\$	\$
<b>TOTAL PERSONNEL EXPENSE</b> (total of categories 1-3)	\$	\$	\$
4. <b>Space Costs</b> (Example: Rent, utilities, & maintenance)	\$	\$	\$
5. <b>Consumable Supplies</b> (Example: Desk top & paper supplies, postage)	\$	\$	\$
6. <b>Travel</b> (Example: Mileage, accommodations for staff & consultants)	\$	\$	\$
7. <b>Telephone</b> (Example: Installation, basic & long distance service fees)	\$	\$	\$
8. <b>Non-Consumable Supplies</b> (Example: Desks, typewriters, etc.)	\$	\$	\$
9. <b>Program - Related Expenses</b> (Example: Materials, meeting space, conference registrations)	\$	\$	\$
10. <b>Other Costs</b> (Example: CPA audit, resource materials)	\$	\$	\$
<b>TOTAL NON-PERSONNEL EXPENSE</b> (total of 4-10)	\$	\$	\$
<b>TOTAL PROGRAM BUDGET</b> (Total Personnel Expense + Total non-personnel expense)	\$	\$	\$

- Details should be listed on the Budget Justification



**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM**  
**(8) BUDGET**  
**PAGE 2**

<b>Section II. Income</b>	
<b>A. Federal or State Grants</b> (Please list contracts out individually including amount & contract number)	\$
<b>B. Foundation Grants</b>	\$
<b>C. Corporate Grants</b>	\$
<b>D. Individual Contributions</b>	\$
<b>E. Donations</b>	\$
<b>F. Special Events Proceeds</b>	\$
<b>G. In-Kind Donations &amp; Services</b>	\$
<b>H. Total Requested of Community Based Child Abuse Program</b>	\$
<b>I. Miscellaneous</b>	\$
<b>TOTAL PROGRAM INCOME</b>	\$

\* Please note - Total program income should equal Total program budget.

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM**  
**(10) BUDGET**  
**PAGE 3**

BUDGET JUSTIFICATION: For every line item requesting CBCAP Funds, written narrative justification must be made.

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM**  
**(12) ASSURANCE/ CERTIFICATION SIGNATURE PAGE**

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Indiana Community Based Child Abuse Program special conditions specified in the grant award and contract.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain generally accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls which are adequate to ensure that expenditures charged to grant activities are for allowable purposes and that documentation is readily available to verify that such charges are accurate.

Signature	<hr/>		
	Authorized Official	Date	Title

Signature	<hr/>		
	Program Director	Date	Title

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM  
ATTACHMENT A**

INDIANA COMMUNITY BASED CHILD ABUSE PREVENTION BOARD MEMBERS

Jill Larimore, Chairperson  
FSSA  
Bureau of Family Protection/Preservation  
402 W. Washington Street W364  
Indpls, IN 46204

Paige Hamilton, Sgt. Of Arms  
Scan Inc.  
500 W. Street  
Ft. Wayne, IN 46802

Elizabeth Malone  
Community Centers of Indpls.  
615 N. Alabama, Ste. 400  
Indianapolis, IN 46204

Mrs. Cathy Boes  
Visiting Nurses Services, Inc  
4701 N. Keystone Ave.  
Indianapolis, IN 46205

Ms. Bonita Raine  
United Health Care Services of St. Joseph Cty.  
711 E. Colfax Ave.  
South Bend, IN 46617

Ms. Angela Green, Vice Chairperson  
Children's Bureau  
Neighborhood Alliance for Child Safety  
2855 N. Keystone Avenue, Ste. 150  
Indianapolis, IN 46218

Kris Ellingwood, Secretary  
Twin Oaks Housing Corporation  
1510 Southside Drive  
Crawfordsville, IN 47933

Mrs. Laura Fleming-Balmer  
Clark County Youth Shelter  
PO Box 886  
Jeffersonville, IN 47131

Mr. Bob Ripperger  
Father's and Families Resource  
2835 N. Illinois Street  
Indianapolis, IN 46208

STAFF

Ms. Jill Larimore, Program Consultant  
Division of Family and Children  
402 W. Washington Street, W364  
Indianapolis, IN 46204



## **INDIANA CBCAP FUND ATTACHMENT B**

Abstract: A one-page summary of the proposal written in a standard format that provides a clear, concise overview of the proposal.

Outcomes: Expected results from the service provided

- Performance Based Outcomes: Outcomes that refer to changes in the participants' knowledge, behavior, and/or attitudes as a result of receiving the service.
- Program Outcomes: Outcomes that refer to what will be offered by a program. They do not refer to what differences it will make with participants in the program. Program outcomes may not be used in the "Outcome" section of the proposal.

Memoranda of Understanding: This is a letter that is required if your program is going to conduct their services in a building other than your own. This letter must be signed by the entity that you will be providing the services at.

Letters of Endorsement: This is a recommendation from people in your community that support your agency and the program that you want funding for.

Core Statistical Data: Specific information that describes the target community and ensures a basic understanding of the problem to be addressed.

Supplemental Statistical Data: Additional data that are not provided in the RFP data sheet that further describe the target population and problem to be addressed.

FSSA: Family and Social Services Administration

DFC: Division of Family and Children

RFF: Request for Funds

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM  
CHECKLIST

- 1). COVER SHEET (2 points)
- 2) PROPOSAL ABSTRACT (12 points)
- 3) AGENCY HISTORY/QUALIFICATIONS: (2 points)
- 4). STATEMENT OF NEED (14 points)
  - CORE DATE
  - SUPPLEMENTAL DATA/NARRATIVE
- 5). PROGRAM OVERVIEW: (40 points)
  - OUTCOMES (14 points)
  - ACTIVITIES/OBJECTIVES (14 points)
  - EVALUATION (12 points)
- 6). STAFFING PLAN (5 points)
- 7). BUDGET (16 points)
  - BUDGET DETAIL
  - BUDGET JUSTIFICATION
- 8). ENDORSEMENT LETTER (S)/MEMORANDUM OF UNDERSTANDING (3 points)
- 9). ASSURANCES/CERTIFICATION SIGNATURE PAGE: (2 points)